								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO Effective January 1, 2003									10659323					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR	OTHER			
TOTAL CLAIMS								RATE	FEE]	RATE	FEE		
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC F	EE 375.0	OR	BASIC FEE	750.00		
TOTAL CHARGEABLE CLAIMS			minus 20=			Ø		X\$ 9=	-	OR	X\$18=			
INDEPENDENT CLAIMS			mi	nus 3 =	* C	0'		X42=	:	OR	X84=			
MU	ILTIPLE DEPEN	DENT CLAIM P	RESENT					+140=	:	ОЯ	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA		OR	TOTAL	250.00		
/ /_ CLAIMS AS AMENDED - PART II											OTHER	-		
(Column 1) (Column 2) (Column 3)								SMAL	L ENTITY	OR	SMALL	ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI TIONA FEE		RATE	ADÓI- TIONAL FEE		
NO ME	Total	• 20	Minus	* 6	20	• 0		X\$ 9=		OR	X\$18=			
13	Independent	• 3	Minus	***	3	-0		X42=		OR	X84=\			
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM		,	440	_	7	1/280=			
							- [+140=		_ OR	V			
								ADDIT. FI	_	_JOR	ADDIT. FEE	\bigcirc		
(Column 1) (Column 2) (Column 3)										_				
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	TIONA FEE		RATE	ADDI- TIONAL FEE		
Š	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=			
	Independent	+	Minus	***		<u> </u>		X42=			X84=			
1	FIRST PRESE	NTATION OF MU	JETIPLE DE	PENDENT	CLAIM		J	+140=		OR	+280=			
							•	TOTA	AL.	OR	TOTAL ADDIT. FEE			
			MUUII. PE		لبب	AUUII. PEE								
		(Column 1)		(Colur High		(Column 3)	7 (ADDI	7		ADDI-		
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA		RATE			RATE	TIONAL FEE		
	Total	•	Minus	44				X\$ 9=		OR	X\$18=			
	Independent	*	Minus	***		8]	X42=	1	1	X84=			
Ľ	FIRST PRESE	NTATION OF M	JLTIPLE DE	PENDENT	CLAIM				+	OR	<u> </u>	 		
	* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.								•	OR	+280=			
-	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								Ē	OR	TOTAL ADDIT, FEE			
		mber Previously Pa aber Previously Pai					er fou	in the	appropriate	bax in c	olumn 1.			

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